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Substitute for form 1449/PTO (Rev-bed 04/2003) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) Sheet				Application Number Filing Date First Named Inventor Group Art Unit Examiner Name Attorney Docket Number			Complete if Known Conturently Here-with Michel Pompei		
			. S.	PATENT DO	CUM	ENT	rs .		
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Wolff Gunther

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Date

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